


PAVING CUT APPLICATION FORM

CONTRACTOR CONTACT INFORMATION			 STREET & MAINTENANCE DEPARTMENT	
FIRM:	_____			
NAME:	_____			
ADDRESS:	_____			
	CITY	STATE		ZIP CODE
BUSINESS PHONE: ())	MOBILE: ())			
E-MAIL ADDRESS:	_____			

UTILITY CONTACT INFORMATION			
UTILITY COMPANY:	_____		
CONTACT NAME:	_____		
ADDRESS:	_____		
	CITY	STATE	ZIP CODE
BUSINESS PHONE: ())	MOBILE: ())		
E-MAIL ADDRESS:	_____		

JOB INFORMATION		
FOREMAN ON SITE:	MOBILE: ())	
WORK LOCATION:	_____	
WORK DESCRIPTION:	_____	
BARRICADE COMPANY:	_____	
START DATE:	END DATE:	_____
DIG TESS No: _____	SIGNATURE: _____	DATE: _____

ATTACHEMENTS REQUIRED:	INSPECTION TYPE:		
PROPOSED EXCAVATION DRAWING <input type="checkbox"/> APPROVED TRAFFIC CONTROL <input type="checkbox"/> PERMIT BOND <input type="checkbox"/> CERTIFICATE OF INSURANCE <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> ASPHALT REPAIRS: BACK FILL <input type="checkbox"/> 2-SACK <input type="checkbox"/> ASPHALT <input type="checkbox"/> </td> <td style="width: 50%;"> CONCRETE REPAIRS: SIDEWALK <input type="checkbox"/> CURB & GUTTER <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> CONCRETE PAVEMENT <input type="checkbox"/> </td> </tr> </table>	ASPHALT REPAIRS: BACK FILL <input type="checkbox"/> 2-SACK <input type="checkbox"/> ASPHALT <input type="checkbox"/>	CONCRETE REPAIRS: SIDEWALK <input type="checkbox"/> CURB & GUTTER <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> CONCRETE PAVEMENT <input type="checkbox"/>
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*****NOTICE*****

1. INSPECTION REQUEST SHALL BE MADE ON OR BEFORE THE CITY WORK DAY PRIOR TO THE DESIRE INSPECTION DAY BY CALLING THE STREET AND MAINTENANCE DEPARTMENT AT (915) 212-0151. 2. INSPECTION WILL BE MADE SUBJECT TO THE AVAILABILITY OF THE CITY INSPECTORS. 3. A COPY OF THE APPROVED PAVING CUT PERMIT, TRAFFIC CONTROL PERMIT, AND PROPOSED EXCAVATION DRAWING SHALL BE KEPT AT THE PERMIT ADDRESS SITE AND SHOULD BE MADE AVAILABLE TO THE CITY INSPECTOR UPON REQUEST.

